

OFFICE OF THE CHIEF PROCUREMENT OFFICER COUNTY OF COOK

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375 (312) 603-5370

PURCHASE ORDERED ISSUED TO

833789

Cicero Mfg & Supply Co Inc 1849 Elmdale Ave Glenview IL 60026

F.O.B. POINT

DATE 5/2/2014

DROP SHIPMENTS. PURCHASE ORDER NO. 188369 - 000- OP

REQUISITION NO.

THIS PURCHASE ORDER NUMBER MUST APPEAR ON ALL PACKAGES,

INVOICES, SHIPPING PAPERS AND

00112903 O7

COOK COUNTY FEIN: 36-6006541

ILLINOIS SALES TAX EXEMPT: E-9998-2013-04 FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Facilities Management Cook County Building 118 N. Clark Street CHICAGO IL 60602-1304 **DELIVERY INSTRUCTIONS**

John Biangmano 6338

312-603-

71700200 Page 1 of 1

DEPT NO

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Compressor, MFG Carlyle Compressor, MFG Carlyle Model# 06da3286tlbco600t (new model# per Vendor) SN: 2606U01161, CE. D-127644. 3PH 460 Volt "DO NOT SUBSTITUTE"	1.00 EA	3,240.0000	3,240.00	71700200.560411.8300
2.00	Compressor, MFG Carlyle Compressor, MFG Carlyle Model# 06D58186AC3600(NEW SN: 2606U09986 D-320644. 3PH, 460Volt "DO NOT SUBSTITUTE" Req# 42000093	1.00 EA	4,759.0000	4,759.00	71700200.560411.8300
	*****	Total Order	***	7,999.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature:

Date:

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved CHIEF PROCUREMENT OFFICER

Date:

2014

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Buyer Number

724151 Supervisor 50

Purchase Order Number

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the elems and/or services above are necessary to this department (or institution) and that the dept. no.. account & activity numbers indicated above accurately reliect the specific line that the propropriation approved by the Board of County Commissioners and there is a sufficient unancumbered-balance in the account to grant same. One Time Purchase _____Yes ____No Covers Need for ___months. Specific Period of time Requisition # Ship To: 8000410 Line # Commodity Description 1.000 578 2.000 578 Facilities Management SN: 2606U09986 D-320644. 3PH, 460Volt Compressor, MFG Cartyle SN: 2606U01161, CE. D-127644, 3PH 460 Volt Compressor, MFG Carlyle CHICAGO IL 60602-1304 118 N. Clark Street Cook County Building "DO NOT SUBSTITUTE" Compressor, MFG Cariyle Model# 06DA8182AA3600 R-22 "DO NOT SUBSTITUTE" Compressor, MFG Carlyle Model# 06DA3282BA3600 R-22 9 112903 312-603-6338 Delivery Instructions: John Biangmano Contract # CCA Supplier: 299999 Bal. on Hand 2 ACCT# Prior Contract No. TEAM LEAD MAILBOX APPROVED BUDGETARY ACCOUNT Quantity UOM 1.00 EA 1.00 EA Open Date Total of Items Ordered Est. Unit Cost 1.0000 1.0000 Expiration Date Board Apr Date & Item **Business Unit** Bid/Sole Src Code Date Needed Requisition Date Internal Req Number Extended Cost Business Unit and Object Account PURCHASING USE ONLY . 8 .00 Emergency No. 71700200.560411.8300 71700200.560411.8300 42000093 3/13/2014 71700200

BUREAU or DEPARTMENT HEAD

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